AFFIDAVIT OF INTENT TO HOMESCHOOL

Dr. Tommy Lewis Superintendent of Schools

Child's Last Name	First Name	Middle Name
Child's Date of Birth	Proof of birth is required accordi	ing to A.R.S. §15-828. Grade
Parent/Guardian's Last Name	First Name	Middle Name
Home Address	City/State	Zip
Telephone Email		School District of Residence
Note: According to ARS 15-802, a person who has custody of ensure that the child attends a public or private school purs I elect to not begin formal education until my	uant to this section is guilty of a Class 3 Misdeme	ome school and who fails to enroll or fails to canor. Failure to file an affidavit of intent is a petty offense.
	th certificate. This will be copied at the Su	uperintendent's Office and mailed/given back to me. astruction or need to update my child's record if the
The child named on this affidavit is being p	provided with instruction in a homeschool	according to ARS 15-802.
PRIVACY NOTICE The undersigned expressly prohibits the release of an 1232g (a)(5)(A), without prior written consent by the Under penalty of law, I attest the information on t	undersigned. See 20 U.S.C. § 1232 (a)(5)(B) a	
PARENT/GUARDIAN'S SIGNATURE		DATE
Notary Information State of County of Subscribed and sworn before me this day of By Commission		

Please mail notarized affidavit to: Dr. Tommy Lewis, Coconino County Superintendent of Schools, 2384 N. Steves Blvd, Flagstaff, AZ 86004 Notary services are available in office by calling (928) 679-8070